

Scanned Jun 18, 2013

Page ____ of ____

F. Assessments

Criterion referenced assessment (TAAS)¹:

- ☒ Yes ☐ No will take Reading. If no, alternative assessment to be given: _____
- ☒ Yes ☐ No will take Mathematics. If no, alternative assessment to be given: _____
- ☒ Yes ☐ No ☐ N/A will take Writing. If no, alternative assessment to be given: _____
- ☐ Yes ☐ No ☒ N/A will take Social Studies. If no, alternative assessment to be given: _____
- ☐ Yes ☐ No ☒ N/A will take Science. If no, alternative assessment to be given: _____
- Modifications as defined in test administration materials: _____

☐ TAAS not offered for this student's grade placementEnd-of-Course Examinations²:

- ☐ Yes ☐ No ☒ N/A will take Algebra I. If no, alternative assessment to be given: _____
- ☒ Yes ☐ No ☐ N/A will take Biology I. If no, alternative assessment to be given: _____
- ☐ Yes ☐ No ☒ N/A will take U.S. History. If no, alternative assessment to be given: _____
- ☒ Yes ☐ No ☐ N/A will take English II. If no, alternative assessment to be given: _____

Modifications as defined in test administration materials: _____

Districtwide Assessments:

- ☐ Yes ☐ No will take Districtwide assessments. If no, alternative assessment to be given: _____

Modifications as defined in test administration materials: _____

Texas Primary Reading Inventory (K - 3):

- ☐ Yes ☐ No will take TPRI. Modifications as defined in test administration materials: _____

If the student is exempted from the administration of any assessment instrument above, it is because:

- a. The student's individualized education program does not include instruction in the essential knowledge and skills at any grade level.
- OR
- b. The assessment instrument, even with allowable modifications, would not provide an appropriate measure of the student's achievement as determined by the student's ARD committee.

Transition Planning by age 14:

- ☒ The ARD supplement, *Transition Statement*, is attached. It is required for all students beginning by age 14 and required to be updated annually.

¹ Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternative measures of accountability.

² The only students not required to test are students receiving content modifications resulting in an "S" on the transcript, as stated in test administration materials. These materials also provide information about testing those students for local purposes.

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G. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all that apply:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> General education classroom | 9. <input type="checkbox"/> Alternative education program |
| 2. <input checked="" type="checkbox"/> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | 10. <input type="checkbox"/> Assistive technology (e.g., communication devices, slant top table) |
| 3. <input type="checkbox"/> Special education supplementary aids and services | 11. <input type="checkbox"/> Resource classroom |
| 4. <input type="checkbox"/> Title 1 Part A/Accelerated Instruction | 12. <input type="checkbox"/> Self-contained classroom |
| 5. <input type="checkbox"/> Tutorials/academic remediation | 13. <input type="checkbox"/> Separate special education campus |
| 6. <input type="checkbox"/> English as a Second Language (ESL) | 14. <input type="checkbox"/> Nonpublic day school placement |
| 7. <input type="checkbox"/> Bilingual classes | 15. <input type="checkbox"/> Residential placement ** |
| 8. <input type="checkbox"/> Pre-K program | 16. <input checked="" type="checkbox"/> Content Mastery |
| | 17. <input checked="" type="checkbox"/> Counseling Services |
| | 18. <input type="checkbox"/> Behavioral Specialist/Contracts |
| | 19. <input type="checkbox"/> Other: _____ |

Item	Results of Efforts	If efforts not successful, provide reason(s)
1, 2, 16	Passed all classes 1st year, dropped 2nd year.	dropped 2nd year.
16	Attend CMC regularly for History	

☐ Yes ☐ No ☐ N/A * Parents of students who meet eligibility criteria for visual or auditory impairments or deaf/blindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or the Texas School for the Deaf, including eligibility and admissions requirements and the rights of students related to admission.

H. CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-7.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete either (1) or (2) and (3) below:

(1) Removal From General Education Classroom

- ☐ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☐ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan would not permit other students to benefit satisfactorily from academic instruction or nonacademic activities.
- ☒ The student needs the following support services to benefit from the general education program: _____
 Content Mastery
- ☐ Other: _____

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(2) Removal From General Education Campus (to a Separate Campus)

- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and within a closed environment.
- ☐ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

(3) Opportunity to Participate

In removing the student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If NO, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|---|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | <input type="checkbox"/> Other: _____ |

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing the student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student or on the quality of services which the student needs.

- | | |
|---|--|
| <input checked="" type="checkbox"/> None anticipated | <input type="checkbox"/> Diminished access to full range of curriculum |
| <input type="checkbox"/> Lack of opportunity for appropriate role models | <input type="checkbox"/> Lack of opportunity for social interaction |
| <input type="checkbox"/> Stigmatization | <input type="checkbox"/> Decreased student self-esteem |
| <input type="checkbox"/> Decreased access to the instructional opportunities available in integrated settings | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Isolation from peers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

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STUDENT'S LAST NAME: SAF FIRST: MI DOB: 01-29-98

I. SCHEDULE OF SERVICES sa# 454-71-3620

Year: _____ Semester: _____

Course/ Curriculum Area	Funct/ Grade Level	GEN ED			Spec Ed Time	Progr/Grade Determined by	
		Mod Y N	Time	Gen Ed		Sp Ed	
Math 2		✓		76		✓	
Science 2		✓		90		✓	
History		✓		90		✓	
Language Arts		✓		76		✓	
Vocational Education REG CVAE VEH							
VAC							
TOTAL MIN PER DAY				3100			

Related/Other Services: None

Auditory Hdp Svcs

Counseling

Health Svcs

Music Therapy

Occupational Therapy

Orientation & Mobility

Physical Therapy

Speech Services

Vision Services

☐ Special Transportation

Yes No

If yes, cite justification:

EYS: ☐ Yes ☒ No If yes, see attached supplement.

OT PT SP IN

Parents will be notified of student progress by:

☒ Regular report card ☐ IEP report card

☐ Parent/Teacher Conference

☐ Portfolio

Other:

Year: _____ Semester: _____

Course/ Curriculum Area	Funct/ Grade Level	GEN ED			Spec Ed Time	Progr/Grade Determined by	
		Mod Y N	Time	Gen Ed Educational Diagnostician		Sp	
Math 2		✓		76		✓	
Science 2		✓		90		✓	
History		✓		90		✓	
Language Arts		✓		76		✓	
Vocational Education REG CVAE VEH							
VAC							
TOTAL MIN PER DAY				3100			

FOR OFFICE USE ONLY

Criterion referenced assessment (TAAS/TBS):

☒ Will take Mathematics ☒ Will take Reading

☒ Will take Writing ☐ Not offered for this student's grade placement

☐ Will take Social Studies ☐ Exempt in all areas

☐ Will take Science

Comments: Not to be taken

Date by: 7/98

Referral Date: _____ Test Date: _____

Medical Date: _____ Dx: _____

IQ Test: _____ Test: _____

V _____ P _____ FS _____

Ach. Test: _____ Test: _____

R SS GE

RC SS GE Lang. Dom.

WL SS GE M SS GE

SS No. 454713620 Inst. Arr. Code: 13 Prog. Type: 1/1

Dis. Code: _____ Date: _____

ARD Date: 11/01 Type: K Home School: 004

Placement School: _____ Disability Code(s): LD/ED

*D - Direct C - Consult M - Monitor

7/98
ARD - 8

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J. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Moody H.S.
NAME OF SCHOOL CAMPUS

Check appropriate instructional arrangement*
(PEIMS CODE)

- ☐ Speech Therapy (11)
☐ Homebound (01)
☐ Hospital Class (02)
☒ Resource Room (03)
☐ State School for the Mentally retarded (30)
☐ Residential Care & Treatment Facility (35)
☐ S/C Mild/Moderate, Reg. Campus (04)
☐ S/C, Severe Reg. Campus (05)
☐ Off Home Campus (20)
☐ VAC (08)
☐ Mainstream (40)

☒ Yes ☐ No This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ Yes ☐ No This is the campus which is as close as possible to the student's home. If NO, justify:

K. ASSURANCES

Yes *The ARD committee assures that the student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

Yes *The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or to their parents as part of the general education program may be charged (e.g., art or laboratory fees).

Required at least one year prior to the student reaching the age of majority (18):

 The student has been informed of his/her rights that will transfer to him/her on reaching the age of majority (18).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

<u> </u> Visually/Auditorially Handicapped	<u> </u> Extended-Year Services	<u> </u> Autistic
<u> </u> Regional Day School for the Deaf	<u> </u> Behavior Management Plan	<u> </u> Minutes Page
<u> </u> Day/Residential Placement and	<u> </u> Health Care Plan	<u> </u> Notice of Refusal
<u> </u> On-Site Visit Report	<u> </u> Medically Fragile	<u> </u> Transition Services
<u> </u> Graduation	<u> </u> Vocational	<u> </u> Other

* Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, TexasARD/IEP SUPPLEMENT
TRANSITION SERVICES

RAMIREZ, JOHN

NAME OF STUDENT

1/15/99
DATE OF ARD MEETING

Statement of needed transition services: The coordinated set of activities must be based on the individual student's needs, taking into account the student's preferences and interests, and include needed activities in the areas of instruction, community experiences, employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and a functional vocational evaluation. If the student is leaving the school setting, include, if appropriate, a statement of each public agency's and each participating agency's responsibilities or linkages, or both. If it is determined those services are not needed for one or more of these areas then include a statement to that effect and the basis upon which the determination was made.

instruction

community experiences

development of employment objectives

other post-school adult living objectives

acquisition of daily living skills, if appropriate

functional vocational evaluation, if appropriate

Related services, if appropriate

Does not receive related services.

Attendance: The student will be invited. If the student does not attend the ARD committee meeting, what steps were taken to ensure that the student's preferences and interests were considered? Also invite a representative of any other agency that is likely to be responsible for providing or paying for transition services. If an agency invited to send a representative to a meeting did not do so, what steps were taken to obtain the participation of the other agency in the planning of any transition services?

If a participating agency fails to provide agreed upon transition services contained in the IEP, the public agency responsible for the student's education will initiate a meeting as soon as possible for the purposes of identifying alternative strategies to meet the transition objectives and, if necessary, revise the student's IEP.

7/98
ARDSPTS

Original: Parent

Copy: Eligibility Folder

Copy: School

Copy: Psychological Services

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ARD MINUTES

Student's Name: RAMIREZ, JOHN D.O.B. 6-29-94 Date: 11/24/95 Recorder: K. B. [unclear]

ARD Committee Members:

via signature: [unclear]
 IEP [unclear] Plan was discussed [unclear]
 [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
 [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
 [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

Medical - 10/24/95 [unclear] [unclear] [unclear]
 [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

Student's Plan: [unclear] I [unclear] [unclear] [unclear] [unclear] [unclear]
 IEP [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
 [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
 [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
 [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

7/95 Will take all part of exit level TALE

Point & Scoring [unclear]

ETC. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

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L. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE	SP. ED.	POSITION	AGREE	DISAGREE
		Parent(s)/Adult Student		
		Administration	✓	
<i>Don D. Bellan</i>		Instruction	✓	
		Instruction/Speech		
		Assessment ¹		
OTHER PARTICIPANTS				
		Representative of LPAC ²		
<i>John Breyer</i>	✓	Consultant/Chairperson	✓	
	✓	Vocational	✓	
		Visual/Auditory		
		Counselor		
		student	✓	

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____.

Date _____ Place and Time _____

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to _____

by _____ on _____

If you have questions regarding these safeguards, please feel free to call 994-3500.

¹ Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

² LPAC representative is required at the ARD of any student who is limited English proficient.

³ Include documentation concerning the reconvened ARD committee meeting.

All procedures and information in this document are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
 Corpus Christi, Texas

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

☐ Admission
☒ Review
☐ Dismissal

4/8/98
 ARD NOTIFICATION DATE

5/18/98
 DATE OF MEETING

Please Print

<u>Namiroz</u>	<u>John</u>		<u>9605114</u>	<input checked="" type="checkbox"/> M	<input type="checkbox"/> F
STUDENT LAST NAME	FIRST	MI	ID NUMBER		
<u>6/27/84</u>	<u>Cunningham Middle School</u>		<u>08</u>	<u>0410</u>	
DATE OF BIRTH	SCHOOL		GRADE/PROG	SCHOOL	

☐ yes ☒ no An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication none

A. REVIEW OF ASSESSMENT DATA (check ☒ if applicable)

☒ Comprehensive individual assessment 1/15/98
 DATE(S) OF REPORT(S)

☐ Assessment(s) for related services. Specify: _____

☒ Assistive technology addressed in review assessment report(s) dated 1/98. Recommended: ☐ yes ☒ no (ARD 3)

☐ Vocational assessment report date _____

☐ Other Assessment 96-97 TAAS 87 (rdg) 86 (math)

☒ Information from the student's Individual Transition Plan dated: developed Trans. Plan 5/1/98

☐ Information from the Language Proficiency Assessment Committee _____

☐ Records from other school districts _____

☐ Information from parents/student _____

☒ Information from school personnel teacher progresses Ac part B

☐ Information/records from other agencies or professionals _____

☐ yes ☒ no Additional assessment is needed. Timeline for completion _____

B. DETERMINATION OF ELIGIBILITY (check ☒ if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for.

☒ learning disability

☐ mental retardation

☐ orthopedic impairment

☐ visual impairment

☐ speech impairment

☐ autism

☐ traumatic brain injury

☐ auditory impairment

☐ emotionally disturbed

☒ other health impairment

☐ multiple disabilities

☐ deaf-blind

C. DISABILITY/DISABILITIES

Assigned by ARD Committee _____

(A disability should be noted here only if special education services are to be provided. See ARD-2)

White - eligibility folder

Pink - counselor

Yellow - teacher

Goldenrod - parent copy

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DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ yes ☐ no

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical educationVery distinguishable, excessive talking to self and peersMedication/Health Care☒ yes ☐ no

The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification. Comments:

Behavioral, as it affects educational placement, programming, or disciplinecan benefit from redirection, works best independently☒ yes ☐ no

The student is capable of following the Student code of Conduct without modification. If no, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARD BMP 1 & 2).

Prevocational/Vocational¹ skills which may be prerequisite to vocational education (when appropriate)follows Oral and Written 2-step directions, works well with supervision, takes pride in his work.Academic/Developmental (grade or age levels alone are not acceptable)reads and employs all basic Comp skills on grade level, good vocab. development, writes multi-paragraph essays, performs algebraic operations.

Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels

struggle to be successful with CMC and redirectionServices for which the student is eligible were reviewed and discussed¹

- ☐ Compensatory education
☐ Bilingual education
☐ ESL instruction

- ☒ Tutorials/academic remediation
☐ Transition services²
☒ Vocational education

☒ General Education☐ other:☒ other: special education

The ARD Committee agrees that the student

☒ Needs and will receive special education services☐ Does not need and will not receive special education services for the following reasons:¹Include consideration of occupational training needs for students at or before entry into high school or by age 14

INSERT IEP SHEETS AFTER THIS PAGE

INDICATE NUMBER OF PAGES OF EACH IEP R S M OT PT VS SAT OTH ME GEL

1/96
ARD-2

INSTRUCTIONAL MODIFICATION SUPPORTS DETERMINED BY ARD COMMITTEE

NAME OF STUDENT Ramirez, John

ID NUMBER 9605111

SCHOOL YEAR 98-99

The ARD committee has determined that the following modifications are necessary for the student to succeed.

SPECIAL LANGUAGE PROGRAMS:

☐ Bilingual ☐ ESL

BEHAVIOR MANAGEMENT PLAN

☐ YES ☒ NO

REGULAR DISCIPLINE PLAN

☒ YES ☐ NO

ASSISTIVE TECHNOLOGY

☐ YES ☒ NO

GOAL & OBJECTIVE/SUBJECT

☐ NO MODIFICATIONS NEEDED

ADDRESS ACADEMIC STANDARDS:

Modifications of requisite skills and knowledge for academic performance standards

Exempt from Academic Standards/Essential Elements - grades based upon IEP progress:

ALTER ASSIGNMENTS BY PROVIDING:

Reduced assignments

Taped assignments

Extra time for completing assignments

Opportunity to respond orally

Task analysis of assignments

Special projects in lieu of assignments

Other (see IEP for appropriate level of Academic Standards):

ADAPT INSTRUCTION BY PROVIDING:

Short instructions (1 or 2 steps)

Opportunity to repeat and explain instructions

Encouragement to verbalize steps needed to complete assignment/task

Opportunity to write instructions

Assignment notebooks

Visual aids (pictures, flash cards, etc.)

Auditory aids (cues, tapes, etc.)

Instructional aids

Extra time for oral response

Exams of reduced length

Oral exams

Open book exams

Study carrel for independent work

Frequent feedback

Alter grade distribution (if District scoring guidelines are not appropriate)

Minimal auditory distractions

Leave class for CMC assistance

Peer tutoring/paired working arrangement

Opportunity for student to dictate themes, information, answers on tape or to others

Other:

☐ Use repeated drill/ review

☐ Use sign language

☐ Use various modalities

☐ Adjustments for misarticulations in responses

*Special language programs are required for all students who are limited English proficient.

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E. INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE, continued

NAME OF STUDENT

ID NUMBER

SCHOOL YEAR 98 - 99

GOAL & OBJECTIVE/SUBJECT

ADAPT MATERIALS BY PROVIDING:

	Reading	Eng 1	Geometry	US History	Int'l Dr.	PE			
Peer to read materials									
Highlighted materials for emphasis									
Altered format of materials									
Study aids/manipulatives	teacher provided cards		✓	✓	✓				
ESL materials	notes								
Large print materials									
Braille materials									
Color transparencies									
Other:									
Other:									

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓				
Frequent reminders of rules	✓	✓	✓	✓	✓				
Positive reinforcement	✓	✓	✓	✓	✓				
Frequent eye contact/proximity control									
Frequent breaks									
Private discussion regarding behavior	✓	✓	✓	✓	✓				
In-class timeout									
Opportunity to help teacher									
Seat near the teacher									
Supervision during transition activities									
Implementation of behavior contract									
Other:									

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

Access to equipment									
Augmentative communication device									
Calculators									
Interpreter									
Note taker/note taking paper									
Word processors									
Other:									
Other:									

Criterion referenced assessment (TAAS/TBSI):

☐ will take mathematics ☐ will take reading ☐ exempt in all areas ☐ will take social studies
☐ will take writing ☒ not offered for this student's grade placement ☐ will take science

Modifications as defined in test administration materials:

☐ allow oral response ☐ use interpreter ☐ use braille or large print ☐ individual administration Other: _____

¹Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability

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F. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all to that apply:

- | | |
|---|--|
| 1. <u>C</u> General education classroom | 8. <u> </u> Pre-K program |
| 2. <u>P</u> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | 9. <u> </u> Alternative education program |
| 3. <u> </u> Special education supplementary aids and services | 10. <u>C</u> Assistive technology (e.g., communication devices, slant top table) |
| 4. <u> </u> Title 1 Part A/Accelerated Instruction | 11. <u>C</u> Resource classroom |
| 5. <u>P</u> Tutorials/academic remediation | 12. <u> </u> Self-contained classroom |
| 6. <u> </u> English as a Second Language (ESL) | 13. <u> </u> Separate special education campus |
| 7. <u> </u> Bilingual classes | 14. <u> </u> Nonpublic day school placement |
| | 15. <u> </u> Residential placement |
| | 16. <u>P</u> Content Mastery |
| | 17. <u> </u> Other: _____ |

Item	Results of Efforts	If efforts not successful, provide reason(s)
<u>1</u>	<u>needs CMC support for continued progress</u>	
<u>2, 5, 16</u>	<u>successful</u>	
<u>10, 11</u>	<u>not needed at this time</u>	

G. CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT**1. Complete either a or b:**

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-6.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete (3) and either (1) or (2) below:

(1) Removal from General Education Classroom

- ☐ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☐ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☒ The student needs the following support services to benefit from the general education program: Content mastery
- ☐ Other: _____

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(2) Removal from General Education Campus (to a Separate Campus)

- NA
- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus.
 - ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
 - ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
 - ☒ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

(3) Opportunity to Participate

In removing this student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If no, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|---|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | <input type="checkbox"/> Other: _____ |

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing this student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student with disabilities or on the quality of services which the student with disabilities needs. Also check the potential harmful effects on the student without disabilities if the student with disabilities is not placed in the general education classroom or campus.

HARMFUL EFFECTS
ON STUDENT WITH DISABILITY

- ☐ Decreased access to specialized services (e.g., materials, personnel, curricular modifications)
- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distractions
- ☐ Increased student frustration
- ☐ Stigmatization
- ☐ Isolation from peers
- ☒ None anticipated
- ☐ Other: _____
- ☐ Other: _____

HARMFUL EFFECTS
ON STUDENTS WITHOUT DISABILITIES

- ☒ None anticipated
- ☐ Decreased contact with students with disabilities
- ☐ Other: _____
- ☐ Other: _____

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Ramirez John 01/29/84
STUDENT LAST NAME: FIRST MI DATE OF BIRTH

N. SCHEDULE OF SERVICES Duration of service is 08/17/18 to 05/27/99 for grade 9

COURSE/CURRICULUM AREA	Funct. Grade Level	SEMESTER 1			Special Ed Time	Progr./Grade Determined By	SEMESTER 2			Special Ed Time	Progr./Grade Determined By	
		GEN ED	Mod	No Time			GEN ED	Mod	No Time			
English I	8.5	✓		55	✓		✓		55	✓		
Reading	8.5	✓		55	✓							
Keyboarding							✓		55			
Geometry	8.5	✓		55	✓		✓		55	✓		
US History		✓		55	✓		✓		55	✓		
PE		✓		55	✓		✓		55	✓		
Intro P. Metals		✓		55	✓		✓		55	✓		
Vocational Education												
REG_CVAE_YEN												
VAC												
TOTAL MINUTES PER DAY					330				330			

If times vary from requirements in 19 TAC 521.101, give justification: No change

Monitoring/Coordination
Monitoring of progress in general education: daily weekly 3 wks 6 wks Other
Coordination of General/Special Education Instruction:
Person(s) responsible: Para Special Ed Teacher Counselor Other general ed teacher
Method(s): Report Cards Progress Reports Conferences Other
Schedule for evaluating progress for participation in extracurricular activities: 3 weeks 4 weeks

RELATED/OTHER SERVICES	TIME	D*	C*	M*
Auditory Hdcp Services				
Counseling				
Health Services				
Music Therapy				
Occupational Therapy				
Orientation & Mobility				
Physical Therapy				
Speech Services				
Vision Services				

Criterion referenced assessment (TAAS/TBS): 48-49
 — will take mathematics — will take reading
 — will take writing — not offered for this
 — will take social studies — student's grade placement
 — will take science — exempt in all areas
 Modifications as defined in test administration materials:
 — Allow oral response — use braille or large print
 — use interpreter — individual administration
 — Other:

EYS: 0 Yes No If yes, see attached supplement.
 DT PT SP IM

() ☒ Special Transportation
 Yes No
 If yes, cite justification: Not needed

() ☐ Parents of students with visual or auditory impairments or deaf/blindness have been given information about the Texas School for the Blind and Visually Impaired or Texas School for the Deaf
 N/A

Comments: John will attend general ed classes with some support at least 30 minutes per week
 Date By: 2/2/99

Referral Date _____
 Test Date _____
 Medical Date _____ DX _____
 IQ Test _____ Test _____
 V _____ P _____ FS _____
 Ach. Test _____ Test _____
 R SS _____ GE _____
 RC SS _____ GE _____
 WL SS _____ GE _____
 M SS _____ GE _____
 Lang. Dom. _____

ID# 106511 Inst. Arr. Code 03 Prog. Type 1/14 Dism. Code _____ Date _____
 ARD Date 1/1/99 Type 1 Home Sch # 101 Placement Sch # _____ Disability Code(s) 101-112

*D-Direct C-Consult M-Monitor

6/95
ARD-7

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I. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Moody HS
NAME OF SCHOOL CAMPUS

Check appropriate instructional Arrangement

(PEIMS CODE)

Speech Therapy (11)	S/C, Mild/Moderate, Reg. Campus (04)
Homebound (01)	S/C, Severe Reg. Campus (05)
Hospital Class (02)	Off Home Campus (20)
Resource Room (03)	VAC (08)
State School For The Mentally Retarded (30)	Residential Care & Treatment Facility (35)
	Residential (40)

☒ yes ☐ no

This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ yes ☐ no

This is the campus which is as close as possible to the student's home.

NO, justify:

J. ASSURANCES

1. The ARD committee assures that the decision to provide special education services:

☒ is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

Basis for assurance:

☒ review of parent/student information
☐ review of sociological assessment

☒ for national origin minority group students or linguistically different students, is not based on criteria which were developed solely on command of the English language.

Basis for assurance:

☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☒ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)
☐ This student is not a national origin minority group student or a linguistically different student.

2. ☒ The ARD Committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

3. ☒ The ARD committee assures that this student is unable to benefit from education with students without disabilities to any greater extent.

4. ☒ The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).

NOTE INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

☐ Visually/Auditorially Handicapped
☐ Regional Day School for the Deaf
☐ Day/Residential Placement and On-Site Visit Report
☐ Graduation

☐ Extended Year Services
☐ Behavior Management Plan
☐ Health Care Plan
☐ Medically Fragile
☐ Vocational

☐ Autistic
☐ Minutes Page
☐ Notice of Refusal
☐ Transition Services
☐ Other

*Enter instructional arrangement that meets requirements listed in the Student Attendance Accounting Handbook.

4/96
ARD-8

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Page 1 of 1

ARD MINUTES

Student's Name: John Ramirez D.O.B. 6/29/84 Date: 5/18/13 Recorder: S. Warner

ARD Committee Members:

S. Warner, R. Jones
John attended his ARD meeting.ASSESSMENT: reviewed from 1/98ELIGIBILITY: qualifies learning disabledCOMPETENCIES: reviewedARD pg 3-4MEDICAL ISSUES: parent did not attend, no concernsIEP: reviewed 98-99 developed 98-99SERVICES: no related services neededNAEP/TAAS/TBS: not offered 98-99 atJohn's grade levelMODIFICATIONS: developed and recorded ARD 3-4PLACEMENTS: Mod. HS, all general education
modified class with CMC support at least

COMMENTS:

no assistive devices needed
Individual Transition Stmt developed
for John

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

TRANSITION STATEMENT FOR 14 AND 15 YEAR OLDS

John Ramirez
NAME OF STUDENT

5/18/98
DATE OF MEETING

6/29/84
DATE OF BIRTH

May 2002
ANTICIPATED DATE OF GRADUATION

The ARD committee has determined that for the student to achieve a post school placement consistent with his/her abilities, his/her school program should support the following (check one):

- ☒ This student is projected to complete minimum academic credit requirements for graduation applicable to students without disabilities, including satisfactory performance on the exit level assessment instrument.
- ☐ This student is projected to complete a 22 credit academic program and attain sufficient independent living skills to maintain employment without direct and ongoing support by other agencies.
- ☐ This student is projected to complete a school program that leads to mastery of specific but limited employability and self-help skills. The student will not require the direct ongoing support of the local school district, but may require support or ongoing post school services by other agencies.
- ☐ This student's school program will emphasize self-maintenance skills. The student may require post school services by other agencies.

Use this form for all students who will be age 14 or 15 during the subsequent school year.

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K. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE MEMBERS	SP. ED.	POSITION	AGREE	DISAGREE
parent did not attend		Parent(s)/Adult Student		
<i>Shela Jones</i>		Administration	✓	
<i>(S. Warner)</i>	✓	Instruction	✓	
		Instruction/Speech		
		Assessment ¹		
OTHER PARTICIPANTS				
		Representative of LPAC ²		
<i>(S. Warner)</i>	✓	Consultant/Chairperson	✓	
		Vocational		
		Visual/Auditory		
		Counselor		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____³

Date

Place and Time

Information explaining why mutual agreement has not been reached should be noted in the ARD minutes may be attached by the ARD meeting participants.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to parent by S. Warner on 4/8/12. If you have questions regarding these safeguards, please feel free to call 994-3500.

¹Assessment personnel are required when assessment issues are included in the ARD Committee's deliberations.

²LPAC representative is required at ARD of any student who is limited English proficient.

³Include documentation concerning the reconvened ARD committee meeting.

Information for Life's Transitions

Side 1

The World of Work Map to the right arranges 23 Career Areas (groups of similar jobs) according to primary work tasks:

- PEOPLE (care, services, leadership, sales, etc.)
- DATA (facts, numbers, files, business procedures)

- **THINGS** (machines, living things, materials such as food, wood, metal)
- **IDEAS** (knowledge, insights, new ways of expressing something)

Together, these Career Areas include all jobs in the work world. The Map is divided into 12 regions—like slices of pizza! Unlike pizza, each "slice" (map region) has a different work task "flavor."

When you completed the Career Planning Survey, we asked you to make a final job choice. You told us that it best fit Career Area:

Please circle this Career Area on the Map (see Region 6).

Any job involves some work with People, Data, Things, and Ideas. As the Map shows, jobs in the Career Area you selected mainly involve working with Things.

Is this what you expected? Is it in line with the interests and abilities you reported? See below!


When you completed the Career Planning Survey, you told us about everyday activities that interest you—and about your abilities. The World-of-Work Map regions that best fit what you told us are shaded on the map. (See the Map's color key.)

Because interests and abilities are different, their map regions may not overlap. If they don't, you will need to decide which to emphasize as you explore your job possibilities. Please turn to side 2 of this report.

The diagram is a circular model for working with things and people. It is divided into 12 regions, each with a specific focus. The regions are labeled as follows:

- Region 1: General Health Care
- Region 2: Applied Arts (Prints & Sculpture)
- Region 3: Creative/Inventing Arts
- Region 4: Applied Arts (Visual)
- Region 5: Behavioral Sciences & Mathematics
- Region 6: Engineering Industries
- Region 7: Medical Sciences & Technologies
- Region 8: Industrial Management & Design
- Region 9: Social & Environmental Services
- Region 10: Education & Personal Services
- Region 11: Marketing & Sales
- Region 12: Research & Development

The diagram also includes labels for 'Working with DATA' on the left and 'Working with IDEAS' on the right. The central circle is labeled 'Region?'.

-  = map regions in line with your measured interests
-  = map regions in line with your ability self-estimates
-  = map regions in line with both

If your interest regions are separated, two interest scores were tied for highest. (The same applies to ability self-estimates.) If your interest or ability region falls in Region 2, your answers did not show a clear pattern; they do not suggest jobs to explore. Your counselor may have some suggestions. If no regions are shaded, your scores were missing.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas
Psychological Services

THREE-YEAR REEVALUATION ASSESSMENT REPORT

Name: John H. Ramirez DOB: 6-27-84 Age: 13-7 School: Gunnigham
Student ID#: 9665114 Grade: 8 Date of Evaluation: 1-15-98 Examiner: Gutierrez

☒ Yes Assessment of this student was conducted using standard assessment procedures.
☐ No If no, explain rationale for deviating from procedures, interpreting results and determining educational need.

I. Assessment of Physical, Mental and/or Emotional Conditions

A. Language Assessment

Tests/Measures Used: Health Inventory/Family Information; R.E.A.; Other Sources of Data: _____

Dominant Language: ☒ English ☐ Spanish ☐ Bilingual ☐ Other: _____

Proficiency: Expressive ☐ above average ☒ average ☐ below average
Receptive ☐ above average ☒ average ☐ below average

Mode of Expression: ☒ oral ☐ other: _____

B. Assessment of Physical/Health Factors

Vision Results: R 20/20 L 20/20 Date: 4/25/97 Hearing Results: R P L P Date: 4/25/97

Based on the information provided by the parent on the Health Inventory Information form, no physical/health factors appear to adversely affect this student's educational performance.

☒ See attached eligibility report(s) for physical handicap(s). OHI eligibility based on prior evaluation. New medical has been requested.

C. Assessment of Emotional/Behavioral Factors

Tests/Measures Used: Health Inventory/Family Information; R.E.A.

☐ Behavior/Academic checklist from teacher ☐ Clinical Interview
☐ Reports of behavior from staff ☐ Classroom Observation
☒ Report of behavior during testing by counselor/diag. staff ☐ Objective Personality Tests
☐ Parent Interview ☐ Projective Tests/Drawings

☒ No emotional/behavioral factors appear to adversely affect educational performance.
☐ See attached eligibility report for emotional disturbance.

In school/out of school behaviors influencing learning/ability to follow disciplinary rules: not applicable
all behaviors are followed school discipline procedures

THREE-YEAR REEVALUATION ASSESSMENT REPORT (Cont.)

D. Assessment of Sociological Factors

Measures Used: Health Inventory/Family Information; R.E.A.

Other Sources of Data:

Cultural/Life Style factors and/or lack of opportunity ____ do ☒ do not appear to affect educational performance. If so, explain: _____

E. Assessment of Intellectual Functioning

Tests Administered: ____ WISC-R ____ WISC-III ____ WAIS ____ WAIS-R

____ Stanford-Binet ____ Slosson Intelligence Test

☒ TONI ____ OTHER: _____

Test Results: Verbal IQ ____ Performance IQ ____ Full Scale IQ ____
IQ 110 Composite IQ ____ Partial Composite IQ ____

Adaptive behavior was assessed using: ____ formal measures ☒ informal measures

Tests/Measures Used: Health Inventory/Family Information; R.E.A.

Other Sources of Data:

☒ Observation of this student indicates that his/her adaptive behavior appears to fall as expected according to age and cultural background and is commensurate with his/her level of intellectual functioning.

____ Results of formal assessment of adaptive behavior: _____

____ See attached report.

II. Educational Performance Levels: Test(s) Administered

____ WRAT-R ____ WJAT-R ____ WRMT ☒ WRAT-3 ____ WIAT ____ Other: _____

<u>Test Results:</u>	Reading	GE <u>6</u>	SS <u>92</u>	Written Lang.	GE ____	SS ____	
	Spelling	GE <u>8</u>	SS <u>105</u>		Reading Comp.	GE ____	SS ____
	Math	GE <u>8</u>	SS <u>104</u>		Other: _____		

III. Assessment of Learning Competencies

Measures Used:

Criterion or Curriculum-Referenced:

____ Informal Reading Inventory

____ Informal Math Inventory

☒ Bender-Gestalt Test of Visual Motor Skills

Other Sources of Data:

PS-94-3YR-2

Name: David Lee DOB: 11/11/94 School: ...

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THREE-YEAR REEVALUATION ASSESSMENT REPORT (Cont.)

Test results and interpretation (including specific strengths and weaknesses).

John's strengths appear to be in spelling and math while his weaknesses appear to be in reading. In reading, John was able to identify consonants, vowels, consonant clusters, vowel digraphs, and phonetic irregularities. He appeared to have problems applying skills to the decoding of multi-syllabic words. John was able to decode 22 of 33 words. He was able to decode words like "urge, conspiracy" and "quarantine" but not "rancid, deteriorate" and "rudimentary". In spelling, John was able to spell 23 of 40 words. He was able to spell words like "reverence, commission" and "imperturbable" but not "purchase, museum" or "illogical".

With the use of the following modifications, this student should be expected to achieve a mastery level of 70% in all content areas in order to receive a passing grade, and, thus, to participate in extracurricular activities (Indicate those that apply: R = Regular; C = Compensatory; S = Special Education).

- | | |
|--|--|
| <input checked="" type="checkbox"/> R Leave class for resource assistance | <input type="checkbox"/> Special instructional or adaptive equipment |
| <input checked="" type="checkbox"/> PS Extended time for completion of assignments | <input type="checkbox"/> Alternative materials |
| <input checked="" type="checkbox"/> PS Shortened assignments | <input checked="" type="checkbox"/> R Alter grade distribution |
| <input checked="" type="checkbox"/> PS Reinforcement techniques | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Assistive technology devices/services were considered | <i>None needed to implement</i> |
| Recommendations: | <i>Student's Observed 11/3/12</i> |

IV. Eligibility:

- ☒ See attached eligibility report.
☐ No handicapping condition is noted under current eligibility criteria.
☐ This appears to indicate a change in handicap eligibility.

V. Placement Recommendation: ☒ regular ☐ resource ☐ P S/C ☐ SC

Other Recommendations: *not needed*

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THREE-YEAR REEVALUATION ASSESSMENT REPORT

In math, John was able to add and subtract with renaming, multiply by 2 digits, divide by single digit, convert hours to minutes and fractions to percentages, add and subtract mixed fractions, and multiply numbers with unlike signs. Visual perception appeared to be adequate.

PS-91-3YR

Name: _____ DOB: _____ School: _____

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Verification of Eligibility: Learning Disability

A. Observation of Classroom Behavior

Observation of John's classroom behavior by S. Warner
 Position: Teacher Date: 1-16-98 revealed the following regarding the relationship of behavior and educational functioning:

needs a lot of redirection - will disrupt activities of peers at times, can be argumentative with adults

B. Determination of Severe Discrepancy

Results of the preceding evaluation indicate that this student's score of 110 on overall nonverbal (circle one) intellectual functioning falls within the average range (see page 4). A comparison of this standard score and standard scores of academic achievement (see page 7) (all with a mean of 100 and standard deviation of 15, unless otherwise noted) reveals the following:

Skill Area	ACHIEVEMENT Standard Score	Point Difference from I.Q.	Severe (✓)
Oral Expression			
Listening Comprehension			
Written Expression			
Basic Reading Skills	<u>92</u>	<u>-18</u>	<u>✓</u>
Reading Comprehension			
Math Calculation	<u>104</u>	<u>-6</u>	
Math Reasoning			
Spelling			

C. Functional Implications:

Based on the data presented in this report, the multidisciplinary assessment team has determined that the severe discrepancy between achievement and ability is not correctable without special education and related services for the following reason(s): appears to need instruction on functional level with repetition, drill, and modifications.

Based on information from the preceding evaluation of physical, emotional/behavioral, sociological and intellectual factors, the primary cause of the severe discrepancy does not appear to be a visual, hearing or motor handicap, mental retardation, emotional disturbance or environmental, cultural or economic disadvantage.

On the basis of data presented this student ✓ does does not appear to meet eligibility criteria as having a learning disability.

Instruction: (S. Warner) ✓ Agree Disagree
 Assessment Representative: A. Gutierrez ✓

Reviewed/Supervised by:

Coordinator for Psychological Services

NOTE: If a team member disagrees with the conclusions reflected in the report, he/she must submit a separate statement presenting his/her conclusion:

PS-94-PSY-LD

Name: John A. Ramirez DOB: 6-27-81 School: Cummins

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Psych-Educational Assessment

IV. Verification of Eligibility: Physical Disability

Functional Implications:

Medical dated 10/24/95 diagnosed John's
handicapping condition as Other Health
Impairment due to ADHD. Functional
implications include problems with
concentration and completion of tasks.

Results of the preceding evaluation and the attached medical report(s) indicate that this student meets the eligibility criteria for the following handicapping condition(s):

- ☐ Auditory Impairment (otology/audiology reports attached)
- ☐ Visual Impairment (vision specialist/functional vision reports attached)
- ☒ Other Health Impairment (physician's report attached) *Eligibility based on prior evaluation. New medical has been requested.*
- ☐ Orthopedic Impairment (physician's report attached)

A. L. L. L. L.
Assessment Representative

Reviewed/Supervised by: _____
Coordinator of Psychological Services

PS-94-PSY-PH

Student's Name: John Pasnik

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All procedures and
information in this document
are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

() Admission
() Review
() Dismissal

2-25-97
ARD NOTIFICATION DATE

3-5-97
DATE OF MEETING

Please Print

STUDENT LAST NAME <u>Kamirez</u>		FIRST <u>John</u>		MI <u></u>	ID NUMBER <u>9665114</u>	() M () F
DATE OF BIRTH <u>06/29/84</u>	SCHOOL <u>Cunningham M.S.</u>				GRADE/PROG <u>8 CM</u>	SCHOOL <u>046</u>

☐ ☒ An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication yes no

A. REVIEW OF ASSESSMENT DATA (check (✓) if applicable)

☒ Comprehensive individual assessment 1-9-95 DATE(S) OF REPORT(S) _____

☐ Assessment(s) for related services. Specify: _____

☒ Assistive technology addressed in multiple assessment report(s) dated _____. Recommended: ☐ yes ☒ no (ARD 3)

☐ Vocational assessment report date _____

☐ Other Assessment _____

- ☐ Information from the student's Individual Transition Plan dated: _____
- ☐ Information from the Language Proficiency Assessment Committee _____
- ☐ Records from other school districts _____
- ☐ Information from parents/student _____
- ☐ Information from school personnel _____
- ☐ Information/records from other agencies or professionals _____

☒ yes ☐ no Additional assessment is needed. Timeline for completion _____

DETERMINATION OF ELIGIBILITY (check (✓) if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for.

- | | | |
|--|---|---|
| <input type="checkbox"/> learning disability | <input type="checkbox"/> speech impairment | <input type="checkbox"/> emotionally disturbed |
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> autism | <input checked="" type="checkbox"/> other health impairment |
| <input type="checkbox"/> orthopedic impairment | <input type="checkbox"/> traumatic brain injury | <input type="checkbox"/> multiple disabilities |
| <input type="checkbox"/> visual impairment | <input type="checkbox"/> auditory impairment | <input type="checkbox"/> deaf-blind |

DISABILITY/DISABILITIES

Assigned by ARD Committee Other Health Impairment
(A disability should be noted here only if special education services are to be provided. See ARD-2)

te - eligibility folder

Pink - counselor

Yellow - teacher

Goldenrod - parent copy

1/96
ARD-1

☒ yes ☐ no

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical education No limitations

Medication/Health Care Ritalin 10mg AM/ 10mg noon

☒ yes ☐ no

The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification. Comments:

Behavioral, as it affects educational placement, programming, or discipline Disruptive, demanding of teacher's attention and off task

☐ yes ☐ no

The student is capable of following the Student code of Conduct without modification. If no, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARD BMP 1 & 2).

Prevocational/Vocational skills which may be prerequisite to vocational education (when appropriate) Follows directions

Academic/Developmental (grade or age levels alone are not acceptable) Long intro summaries

a selection, recalls facts and details, writes
complex sentences. (math) solves linear equations
completes word factorization and solves problems
with periods, decimals

Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels

services for which the student is eligible were reviewed and discussed:

- ☐ Compensatory education
☐ Bilingual education
☐ ESL instruction

- ☐ Tutorials/academic remediation
☐ Transition services
☐ Vocational education

- ☐ General Education
☒ Other: CME
☐ other:

The ARD Committee agrees that the student

- ☒ Needs and will receive special education services
☐ Does not need and will not receive special education services for the following reasons:

Include consideration of occupational training needs for students at or before entry into high school or by age 14.

INSERT IEP SHEETS AFTER THIS PAGE

INDICATE NUMBER OF PAGES OF EACH IEP: R ___ Sp ___ Voc ___ OT ___ PT ___ VS ___ MT ___ OM ___ HS ___ Other ___

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NAME OF STUDENT John Ramirez ID NUMBER 9665114 SCHOOL YEAR 97-98

The ARD committee has determined that the following modifications are necessary for the student to succeed.

SPECIAL LANGUAGE PROGRAMS:
☐ Bilingual ☐ ESL

BEHAVIOR MANAGEMENT PLAN
☐ YES ☒ NO

REGULAR DISCIPLINE PLAN
☒ YES ☐ NO

ASSISTIVE TECHNOLOGY
☐ YES ☒ NO

☐ NO MODIFICATIONS NEEDED

ADDRESS ACADEMIC STANDARDS:

GOAL & OBJECTIVE / SUBJECT	1	2	3	4	5	6	7	8	9	10	11	12
Modifications of requisite skills and knowledge for academic performance standards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Exempt from Academic Standards/Essential Elements - grades based upon IEP progress												

ALTER ASSIGNMENTS BY PROVIDING:

Reduced assignments												
Taped assignments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Extra time for completing assignments												
Opportunity to respond orally												
Task analysis of assignments												
Special projects in lieu of assignments												
Other (see IEP for appropriate level of Academic Standards):												

ADAPT INSTRUCTION BY PROVIDING:

Short instructions (1 or 2 steps)												
Opportunity to repeat and explain instructions												
Encouragement to verbalize steps needed to complete assignment/task	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Opportunity to write instructions												
Assignment notebooks												
Visual aids (pictures, flash cards, etc.)												
Auditory aids (cues, tapes, etc.)												
Instructional aids												
Extra time for oral response												
Exams of reduced length												
Oral exams	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Open book exams												
Study carrel for independent work												
Frequent feedback												
Alter grade distribution (if District scoring guidelines are not appropriate)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minimal auditory distractions												
Leave class for CMC assistance												
Peer tutoring/paired working arrangement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Opportunity for student to dictate themes, information, answers on tape or to others												
Other:												
<input type="checkbox"/> Use repeated drill/review	<input type="checkbox"/> Use sign language	<input type="checkbox"/> Use various modalities	<input type="checkbox"/> Adjustments for misarticulations in responses									

*Special language programs are required for all students who are limited English proficient

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E. INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE, continued

NAME OF STUDENT

ID NUMBER

SCHOOL YEAR

97-98

GOAL & OBJECTIVE/SUBJECT

ADAPT MATERIALS BY PROVIDING:

Peer to read materials

Highlighted materials for emphasis

Altered format of materials

Study aids/manipulatives

ESL materials

Large print materials

Braille materials

Color transparencies

Other:

Other:

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits

Frequent reminders of rules

Positive reinforcement

Frequent eye contact/proximity control

Frequent breaks

Private discussion regarding behavior

In-class timeout

Opportunity to help teacher

Seat near the teacher

Supervision during transition activities

Implementation of behavior contract

Other:

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

Access to equipment

Augmentative communication device

Calculators

Interpreter

Note taker/note taking paper

Word processors

Other:

Other:

Criterion referenced assessment (TAAS/TBS):

will take mathematics

will take writing

will take reading

not offered for this student's grade placement

exempt in all areas
will take science

will take social studies

Modifications as defined in test administration materials:

allow oral response

use interpreter

use braille or large print

individual administration

Other:

Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

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F. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all to that apply:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> General education classroom
2. <input checked="" type="checkbox"/> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs)
3. <input type="checkbox"/> Special education supplementary aids and services
4. <input type="checkbox"/> Title 1 Part A/Accelerated Instruction
5. <input type="checkbox"/> Tutorials/academic remediation
6. <input type="checkbox"/> English as a Second Language (ESL)
7. <input type="checkbox"/> Bilingual classes | 8. <input type="checkbox"/> Pre-K program
9. <input type="checkbox"/> Alternative education program
10. <input type="checkbox"/> Assistive technology (e.g., communication devices, slant top table)
11. <input type="checkbox"/> Resource classroom
12. <input type="checkbox"/> Self-contained classroom
13. <input type="checkbox"/> Separate special education campus
14. <input type="checkbox"/> Nonpublic day school placement
15. <input type="checkbox"/> Residential placement
16. <input checked="" type="checkbox"/> Content Mastery
17. <input type="checkbox"/> Other: _____ |
|--|---|

Item

Results of Efforts

If efforts not successful, provide reason(s)

2. No	<i>Successful</i>	

G. CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-6.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete (3) and either (1) or (2) below:

(1) Removal from General Education Classroom

- ☒ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☒ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☒ The student needs the following support services to benefit from the general education program: *PMC*
- ☐ Other: _____

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(2) Removal from General Education Campus (to a Separate Campus)

- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus: _____

(3) Opportunity to Participate

In removing this student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If NO, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|---|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | assignments, lockers, study hall |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | class changes, social) |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | _____ |

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing this student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student with disabilities or on the quality of services which the student with disabilities needs. Also check the potential harmful effects on the student without disabilities if the student with disabilities is placed in the general education classroom or campus.

**HARMFUL EFFECTS
ON STUDENT WITH DISABILITY**

- ☐ Decreased access to specialized services (e.g., materials, personnel, curricular modifications)
- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distractions
- ☐ Increased student frustration
- ☐ Stigmatization
- ☐ Isolation from peers
- ☒ None anticipated
- ☐ Other _____
- ☐ Other _____

**HARMFUL EFFECTS
ON STUDENTS WITHOUT DISABILITIES**

- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distraction
- ☐ Increased student frustration
- ☒ None anticipated
- ☐ Other _____
- ☐ Other _____

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STUDENT LAST NAME		FIRST		MI		DATE OF BIRTH			
H. SCHEDULE OF SERVICES		Duration of service is 8-13-97 to 5-27-98 for grade 8							
COURSE/CURRICULUM AREA	Funct. Grade Level	SEMESTER				SEMESTER			
		GEN ED		Special Ed Time	Progr./Grade Determined By Gen Ed Sp Ed	GEN ED		Special Ed Time	Progr./Grade Determined By Gen Ed Sp Ed
		Mod Yes	No Time			Mod Yes	No Time		
Long Arts		✓	90		✓				
Math		✓	90		✓				
U.S. History		✓	45		✓				
Science		✓	45		✓				
Inter Band		✓			✓				
CI ICL		✓	45		✓				
Vocational Education REG_CVAE_VEN									
VAC									
TOTAL MINUTES PER DAY			360						
If times vary from requirements in 19 TAC §21.101, give justification:									
Monitoring/Coordination									
Monitoring of progress in general education: daily weekly 3 wks 6 wks Other									
Coordination of General/Special Education Instruction:									
Person(s) responsible Para Special Ed Teacher Counselor Other Reg. Staff									
Method(s) Report Cards Progress Reports Conferences Other									
Schedule for evaluating progress for participation in extracurricular activities: 3 weeks 6 weeks									
RELATED/OTHER SERVICES	TIME	D*	C*	M*	Criterion referenced assessment (TAAS/ITBS):				
Auditory Hdcp Services	/				will take mathematics will take reading				
Counseling	/				will take writing not offered for this				
Health Services	/				will take social studies student's grade placement				
Music Therapy	/				will take science exempt in all areas				
Occupational Therapy	/				Modifications as defined in test				
Orientation & Mobility	/				Allow oral response use braille or large print				
Physical Therapy	/				use interpreter individual administration				
Speech Services	/				Other:				
Vision Services	/								
[] [] Special Transportation		EYS: [] Yes [] No If yes, see attached supplement.			Referral Date				
Yes No		OT PT SP IN			Test Date				
If yes, cite justification:					Medical Date DX				
[] [] Parents of students with visual or auditory					IQ Test Test				
Yes No impairments or deaf/blindness have been given					V P FS				
information about the Texas School for the Blind					Ach. Test Test				
[] and visually impaired or Texas School for the Deaf					R SS GE				
N/A at the time of initial placement.					RC SS GE				
Comments: CMC support for					WL SS GE Lang. Dom.				
reg. mod. classes					M SS GE				
Date By: [Signature]									
ID#	Inst. Arr. Code	Prog. Type		Disability Code		Date			
ARD Date	Type	Home Sch #	Placement Sch #	Disability Code(s)					

*D-Direct C-Consult M-Monitor

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I. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Cunningham H.S.
NAME OF SCHOOL CAMPUS

Check appropriate instructional Arrangement¹
(PEIMS CODE)

<input type="checkbox"/> Speech Therapy (11)	<input type="checkbox"/> S/C, Mild/Moderate, Reg. Campus (04)
<input type="checkbox"/> Homebound (01)	<input type="checkbox"/> S/C, Severe Reg. Campus (05)
<input type="checkbox"/> Hospital Class (02)	<input type="checkbox"/> Off Home Campus (20)
<input checked="" type="checkbox"/> Resource Room (03)	<input type="checkbox"/> VAC (08)
<input type="checkbox"/> State School For	<input type="checkbox"/> Residential Care &
<input type="checkbox"/> The Mentally	<input type="checkbox"/> Treatment Facility (35)
<input type="checkbox"/> Retarded (30)	<input type="checkbox"/> Mainstream (40)

☒ yes ☐ no This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ yes ☐ no This is the campus which is as close as possible to the student's home. If NO, justify:

J. ASSURANCES

1. The ARD committee assures that the decision to provide special education services:

☒ is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

Basis for assurance:

☒ review of parent/student information
☐ review of sociological assessment

☒ for national origin minority group students or linguistically different students, is not based on criteria which were developed solely on command of the English language.

Basis for assurance:

☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☒ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)
☐ This student is not a national origin minority group student or a linguistically different student.

2. ☒ The ARD Committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

3. ☒ The ARD committee assures that this student is unable to benefit from education with students without disabilities to any greater extent.

4. ☒ The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

☐ Visually/Auditorially Handicapped
☐ Regional Day School for the Deaf
☐ Day/Residential Placement and
☐ On-Site Visit Report
☐ Graduation

☐ Extended Year Services
☐ Behavior Management Plan
☐ Health Care Plan
☐ Medically Fragile
☐ Vocational

☒ Autistic
☐ Minutes Page
☐ Notice of Refusal
☐ Transition Services
☐ Other

¹Enter instructional arrangement that meets requirements listed in the Student Attendance Accounting Handbook.

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Page 1 of 1

ARD MINUTES

Student's Name: John Ramsey D.O.B. 6-24-81 Date: 3-5-11 Recorder: C. P. SmithARD Committee Members: See Signature pageASSESSMENT: 1-9-95ELIGIBILITY: Other Health ImpairmentCOMPETENCIES: See APP pg 2MEDICAL ISSUES: Pitalin 10mg c.m / 10mg nomLEP: Reg ModifiedSERVICES: COC support for mod classes

HARDWARE/ATTRS:

will take allMODIFICATIONS: were discussedPLACEMENTS: CumminsCOMMENTS: no assistive technology

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K. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE MEMBERS	SP. ED.	POSITION	AGREE	DISAGREE
<i>Miscella Romy</i>		Parent(s)/Adult Student	✓	
<i>ES Barred</i>		Administration	✓	
<i>Cheryl Adams</i>	✓	Instruction	✓	
		Instruction/Speech		
		Assessment ¹		
OTHER PARTICIPANTS				
		Representative of LPAC ²		
		Consultant/Chairperson		
		Vocational		
		Visual/Auditory		
		Counselor		
<i>John H. Ramirez</i>		Student	✓	

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____³

Date

Place and Time

Information explaining why mutual agreement has not been reached should be noted in the ARD minutes may be attached by the ARD meeting participants.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to *Martha* by *Cheryl Adams* on *3-5-11*. If you have questions regarding these safeguards, please feel free to call 954-3500.

¹Assessment personnel are required when assessment issues are included in the ARD Committee's deliberations.

²LPAC representative is required at ARD of any student who is limited English proficient.

³Include documentation concerning the reconvened ARD committee meeting.

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Note: This form is not to be used for:
 Initial ARD
 Annual Review
 Shortened Day
 AE/BI Placement
 Reevaluation
 Removal/Expulsion
 Other District Transfer

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
 Corpus Christi, Texas

ARD/IEP SPECIAL REVIEW

Purpose of ARD:
 Course Change ☒
 EYS (Only) ☐
 Failure ☐
 PLC ☐

9-25-96

Date of ARD Notification

10-2-96

Date of Meeting

Student Ramirez (Last) John (First) (MI) DOB 06-24-84 ID# 9665114

Handicapping Condition (1) OHI (2) _____ Grade 07 School Cornwall # 046

The ARD committee is meeting to modify the ARD committee report dated 3-12-96, and assures that the deliberations of that meeting have been reviewed.

REASON FOR MEETING: Schedule Change

Signature of interpreter if used: _____

ASSESSMENT REPORT(S) FOR RELATED SERVICES: _____

DEVELOPMENT OF THE IEP

- ☐ Present competencies are unchanged.
☐ Present competencies have changed as follows: _____

The ARD committee recommends that the student's IEP should remain unchanged except for the following:

						NEW SCHEDULE		
DROP	TIME		ADD	TIME		COURSE	TIME	
	REG.	MOD M		REG.	MOD M		REG.	MOD M
Science/Hist	45	✓	Science	45	✓	Long Arts	90	
Fine Arts	90	✓	History	45	✓	Math	90	
			Fine Arts	45	✓	Science	45	+ 30 per
						History	45	+ 30 per
						Art	45	+ 30 per
						Long Arts	45	+ 30 per
TOTAL COURSE	135	✓	TOTAL COURSE	135	✓			
						TOTAL	360	

*Indicate weekly or other contact time for related/other services

- ☐ New IEPs have been developed for the courses/services added above (attached).
☒ New modifications have been developed for the courses added above (attached).
☐ A Behavior Management Plan has been developed (attached).

*Other ARD committee recommendations: _____

Address time changes in speech and related services here: _____

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Student Pamela

9665114

The ARD committee has determined that the student's placement will be:

School CunninghamInstructional Arrangement 03 Resource

☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: AAS/BS

<input checked="" type="checkbox"/> Mathematics	Take <input type="checkbox"/>	Exempt <input type="checkbox"/>	Modifications:
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use an interpreter
<input checked="" type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> allow oral response
<input type="checkbox"/> All areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> administer individually
			<input type="checkbox"/> use Braille or larger print

Small group

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education <u>360</u>	Parent/Guardian/Surrogate		<u>Did not attend</u>		
Special education	Parent/Adult Student				
Related/Other Services:	Administration		<u>Shelby Jones</u>	<input checked="" type="checkbox"/>	
Speech	Instruction	<input checked="" type="checkbox"/>	<u>Atty Robert</u>	<input checked="" type="checkbox"/>	
OT	Instruction (SPEECH)				
PT	Consultant/Chairperson	<input checked="" type="checkbox"/>	<u>Kary Jackson</u>	<input checked="" type="checkbox"/>	
Counselor	Assessment <u>▲</u>				
Health	Counselor		<u>Nita Turner - Boyce</u>	<input checked="" type="checkbox"/>	
Auditory	Related Services Rep.				
Vision	Vocational Teacher <u>◆</u>				
Music Th.	Certified VH/AH Specialist <u>+</u>				
O&M	LPAC <u>★</u>				
Special Education Transportation: <u>(N)</u>					

+ Total time for speech and all related services ▲ When assessment data are considered ◆ When vocational programs are considered
 + When student is identified as VH/AH ★ For limited English proficient students

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____

at _____ Date _____
Place and Time

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to _____

Mrs. Pamela by Atty Robert on 9-25-98. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY Atty Robert

UPDATED DATA

New School Placement <u>046</u>	Previous IA Code <u>03</u>	New IA Code <u>03</u>	New Program Type <u>227</u>
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SE 002 97 00

